

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	91	755	09-13-01
RESPONSE FORMALITY REVIEW	T2	SC 947	05/01/01
	CC	JCL114	10-04-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1/27/01
2	1/27/01
3	1/27/01
4	1/27/01
5	1/27/01
6	1/27/01
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9	1/27/01
10	1/27/01
11	1/27/01
12	1/27/01
13	1/27/01
14	1/27/01
15	1/27/01
16	1/27/01
17	1/27/01
18	1/27/01
19	1/27/01
20	1/27/01
21	N N
22	1/27/01
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29	✓ ✓
30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
35	N N
36	✓
37	✓
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39	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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